Circulation

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# Crucial Conversations With Patients in the Era of COVID-19

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The coronavirus disease 2019 (COVID-19) worldwide pandemic is significantly impacting health care. Attention is drawn to the epicenters, but there are millions of patients with cardiovascular diseases and providers attempting to navigate the system across the country. In this time of uncertainty, we struggle to communicate effectively with our patients, particularly with the transition to telehealth visits. The present discussion focuses on optimizing communication to patients with cardiovascular disease during the COVID-19 pandemic, including discussing patient risk and how to communicate with symptomatic patients with varying degrees of severity of COVID infection.

Addressing patients' goals of care can help guide treatment plans for COVID-19 and non–COVID-19 illnesses. Conversations regarding COVID-19 are uniquely different from routine advanced care planning in that so much is unknown about COVID-19 prognostication and management. The acute and rapid nature of clinical decline for patients with COVID-19 demands goals of care discussions much earlier than might be necessary in traditional acute cardiac complications. We recommend using frameworks such as Vital Talk's REMAP (Reframe, Expect, Map, Align, and Plan) for acute goals of care discussions or Ariadne Laboratory's Serious Illness Conversation Guide for advance care planning[1,2] to facilitate such crucial conversations. Each of these methods shares evidence-based skillsets shown to improve patient satisfaction and outcomes. First, assess patient or family understanding of their chronic and potential outcomes of an acute illness such as COVID-19. Providers should fill in any knowledge gaps by concisely summarizing the medical situation as it relates to a person's prognosis, quality of life, and functional outcomes. Patients with preexisting cardiovascular disease are at an increased risk of adverse outcomes and mortality, although they may not conceptualize how a COVID-19 infection could significantly impact their quality of life or cardiac disease even if they survive. This can provoke strong emotions; thus, it is crucial to address and explore the impact of this news. Both frameworks also emphasize the importance of exploring patient values regarding their goals, worries, and quality of life. Clinicians should provide a patient-specific recommendation based on their values to determine a shared medical decision. In the era of COVID-19, resource allocation may be necessary, and in such situations a care plan may not be able to fully achieve patient goals. Compassion and consideration of values specific to the options available are critical to decision making.

Because COVID-19 dominates the media, patients often have concerns about their personal risk and how to manage non–COVID-19 related cardiac issues. The Table addresses the data available and how to respond in such situations using skills from the communication frameworks.[3,4]

As we continue to learn about COVID-19 and its trajectory, early discussion about care preferences becomes more important. Patients may quickly



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**Table. Talking to Cardiac Patients About COVID-19**

| Scenario | Available Data | Crucial Talking Points | What You Can Say |
|---|---|---|---|
| COVID-19–negative cardiac patients | | | |
| Cardiac patient without diagnosis of COVID-19 | Patients who are older, or have a history of CVD, diabetes mellitus, or hypertension have a higher case fatality rate.[3] | 1. Acknowledge and explore their concerns. | "It is normal to feel worried about COVID-19. What specific worries do you have?" |
| "How does my disease influence my risk with COVID-19?" | No current risk stratification by degree of hypertension, diabetes mellitus, or CVD, nor for patients with isolated atrial fibrillation, congenital heart disease, or valve disease. | 2. Give clear and direct information about their risk and concerns for outcomes. | "With the precautions we discussed, I hope you can avoid getting COVID-19. If you do become infected, I hope you would only have a mild case. I'm worried that, with your heart condition, you could get very sick and I think it is important to prepare for that possibility. It is helpful to pick a person who knows you well enough to make medical decisions if you did get very sick." |
| | | 3. Encourage patient to identify a Healthcare Proxy and Advance Directives. | |
| Cardiac patient with symptoms | Typical COVID-19 symptoms include fevers, cough, shortness of breath, and myalgias, although initial symptoms can also be chest tightness or pain, which may be preexisting in the cardiac disease population. | 1. If cardiac symptoms appear to be at baseline, provide reassurance and note avoidance of hospital for their safety. | "I can only imagine how scared you might be, and am glad that you are reaching out. It sounds like your symptoms are the same as our last visit, which is reassuring. I would worry if you developed worsening chest pain, palpitations, cough, or fever." |
| "Are you sure my shortness of breath isn't COVID-19?" | Incidence of COVID cardiac involvement is up to 20% with myocarditis, pericarditis, or life threatening arrhythmias.[4] | 2. Offer outpatient or telehealth workup and management as indicated. | "To avoid unnecessary risk of exposure to COVID-19 by going to the hospital, can we meet virtually and follow up via phone in [appropriate time frame]?" |
| Cardiac patient needing hospitalization for non-COVID-19 diagnosis | Cardiovascular patients may have concerns about interpreting symptoms or seeking workup or treatment for their CVD during the COVID-19 pandemic. | 1. Provide information. | "Your symptoms are serious enough that I think you should be admitted to the hospital. I understand your concern about being exposed to COVID-19." |
| "I don't want to go to the hospital for my chest pain, I'll just wait it out at home." | Encourage patients to seek attention for new, changing and worsening symptoms. Therapy for nonurgent conditions and elective procedures should be delayed when possible. | 2. Respond to emotion. | "What do you think is the worst that could happen if you chose not to the hospital?" |
| | | 3. Explore their understanding of risks if they chose not to be admitted. | "It sounds like you understand this could be life-threatening and still want to avoid the hospital. In that case, while it's not as ideal as the hospital, could we consider some testing in clinic and adjusting your medications at home?" |
| | | 4. Negotiate a plan. | |
| COVID-19–positive cardiac patients | | | |
| Cardiac patient with new diagnosis of COVID-19 at home | Patients with comorbid cardiac disease are at increased risk for morbidity and mortality. Consider how this new diagnosis can open the door to advance care planning.[1,2] | Identify a Healthcare Proxy and Advance directives on all patients. | "Who would you trust to make medical decisions if you could not speak for yourself? Have you ever thought about, or told them, what would be most important to you if you got very sick and the doctors didn't think you would get better?" |
| "I'm really worried that I could get much sicker." | | | |
| Need hospitalization for COVID-19 | Elevation of cardiac and other biomarkers may identify infected patients at elevated risk of adverse outcomes.[4] | 1. After exploring a patient's understanding, provide clear information about what might happen as it relates to function or prognosis. | "Given your ____ [history of cardiac disease and diabetes] I'm worried that this may be as strong as you will feel. If you did get very sick with COVID it is quite possible that you could die from that illness. If you did survive it, I worry that you could feel ____ [much weaker/short of breath/tired] and may ____ [not be able to go back to work/need to live in a nursing home]." |
| "My heart is already so weak, and I know COVID-19 is serious. What is going to happen?" | COVID-19 can rapidly progress to respiratory and multi-system organ failure, thus early discussions about goals of care are critical. | 2. Respond to emotion. | "I imagine this is scary to hear." |
| | Increased risk of poor outcome when hospitalized. | 3. Explore patient values for contingency planning. | "If you did get very sick with COVID-19, what would be most important to you?" |
| Patient with deteriorating symptoms transferred to ICU | Patients with preexisting cardiac disease may have increased risk of morbidity and mortality with COVID-19. | 1. After above steps, further explore patient values and concerns. | "Thank you for bringing up this important topic. Can you tell me more about what you've been thinking?" |
| "I'm really scared to go on that machine." | Once transferred to the ICU, the risk of dying increases. | 2. Give a recommendation to meet their goals. | "It helps to know more about you to guide us if your condition changes. What things are so important for you to be able to do, that you cannot imagine living without them?" |
| | | | "Based on what you've told me, I recommend that we avoid things like intubation or CPR because those would likely only result in quality of life you find unacceptable. If you got much worse, then we would focus on keeping you comfortable." |

COVID-19 indicates coronavirus disease 2019; CPR, cardiopulmonary resuscitation; CVD, cardiovascular disease; and ICU, intensive care unit.

decompensate and be unable to participate in goals of care discussions or have time to say goodbye to their family.

The nonprofit organization Vital Talk developed a guide for communicating with patients about COVID-19, including triage, resource allocation, breaking bad news, and helping families say goodbye virtually (https://www.vitaltalk.org/guides/covid-19-communication-skills/).[5] During this pandemic, we are charged with rapidly learning about a new disease and communicating clearly and compassionately with our patients with cardiovascular disease. Using these communication strategies to strengthen the therapeutic relationship and identify goals of care is a critical part of caring for our patients.

## ARTICLE INFORMATION

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### Disclosures

None.

## REFERENCES

1. Childers JW, Back AL, Tulsky JA, Arnold RM. REMAP: a framework for goals of care conversations. *J Oncol Pract*. 2017;13:e844–e850. doi: 10.1200/JOP.2016.018796
2. Bernacki RE, Block SD; American College of Physicians High Value Care Task Force. Communication about serious illness care goals: a review and synthesis of best practices. *JAMA Intern Med*. 2014;174:1994–2003. doi: 10.1001/jamainternmed.2014.5271
3. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. *JAMA*. 2020;323:1239–1242. doi:10.1001/jama.2020.2648
4. Shi S, Qin M, Shen B, Cai Y, Liu T, Yang F, Gong W, Liu X, Liang J, Zhao Q, et al. Association of cardiac injury with mortality in hospitalized patients with COVID-19 in Wuhan, China [published online March 25, 2020]. *JAMA Cardiol*. 2020. doi:10.1001/jamacardio.2020.0950
5. Back AL. *COVID-Ready Communication Skills: A Playbook of VitalTalk Tips*. VitalTalk; 2000.